

Please type a plus sign (+) inside this box ☐

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION	0010/PTO Rev. 6/95	U.S. Department of Commerce Patent and Trademark Office	Attorney Docket Number	260198.90127
			First Named Inventor	Ziv-el
			COMPLETE IF KNOWN	
			Application Number	
			Filing Date	November 20, 2000
			Group Art Unit	
		Examiner Name		
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing		OR <input type="checkbox"/> Declaration Submitted after Initial Filing		

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

METHOD AND SYSTEM FOR ONLINE TEACHING USING WEB PAGES

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
U.S. Provisional No. 60/181,568 U.S. Provisional No. 60/226,981	02/10/2000 08/17/2000	

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231. #4653647

DECLARATION

Page 2

I hereby claim benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(C) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT international application in the manner provided in the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:

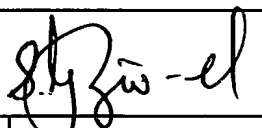
<input type="checkbox"/> Firm Name		Customer Number or label	
OR			
<input checked="" type="checkbox"/> List attorney(s) and/or agent(s) name and registration number below			

Name	Registration Number	Name	Registration Number
Michael J. McGovern	28,326	Michael A. Jaskolski	37,551
Carl R. Schwartz	29,437	Richard T. Roche	38,599
Keith M. Baxter	31,233	John T. Pienkos	42,997
John D. Franzini	31,356	Daniel G. Radler	43,028
Jean C. Baker	35,433	Gregory M. Smith	43,136
David G. Ryser	36,407	Steven J. Wietrzny	44,402



☐ Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto

Please direct all correspondence to		<input type="checkbox"/> Customer Number or label	OR		<input checked="" type="checkbox"/> Fill in correspondence
Name	Michael J. McGovern				
Address	Quarles & Brady LLP				
Address	411 East Wisconsin Ave. Suite 2040				
City	Milwaukee	State	WI	Zip	53202-4497
Country	USA	Telephone	(414) 277-5000	Fax	(414) 271-3552

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of Sole or First Inventor:		A petition has been filed for this unsigned inventor					
Given Name	Shimon	Middle Initial	G.	Family Name	Ziv-el	Suffix e.g. Jr.	
Inventor's Signature					Date	1/10/01	
Residence:	Milwaukee	State	WI	Country	US	Citizenship	US
Post Office	10218 North Port Washington Road						
Post Office							
City	Mequon	State	WI	Zip	53092	Country	US
						Applicant Authority	
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

Please type a plus sign (+) in this box ☐

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet											
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor											
Given Name		Robert				Middle Initial				Family Name		Tolly				Suffix e.g. Jr.					
Inventor's Signature												Date		1/10/01							
Residence:		Madison				State		WI		Country		US				Citizenship		US			
Post Office		10218 North Port Washington Road																			
Post Office																					
City		Mequon				State		WI		Zip		53092				Country		US			
																Applicant Authority					
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor											
Given Name		Michael				Middle Initial				Family Name		Dunk				Suffix e.g. Jr.					
Inventor's Signature												Date		1/10/01							
Residence:		Madison				State		WI		Country		US				Citizenship		US			
Post Office		10218 North Port Washington Road																			
Post Office																					
City		Mequon				State		WI		Zip		53092				Country		US			
																Applicant Authority					
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor											
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.					
Inventor's Signature												Date									
Residence:						State				Country						Citizenship					
Post Office																					
Post Office																					
City						State				Zip						Country					
																Applicant Authority					
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor											
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.					
Inventor's Signature												Date									
Residence:						State				Country						Citizenship					
Post Office																					
Post Office																					
City						State				Zip						Country					
																Applicant Authority					

Additional inventors are being named on supplemental sheet(s) attached hereto

09760267-01201